



MaMoni

Integrated Safe Motherhood, Newborn Care and Family Planning Project

Mothers arriving at MaMoni's Water Ambulance for satellite clinic sessions in Kakailseo Union of Ajmiriganj, Habiganj

Quarterly Report

April 1 – June 30, 2012

Submitted
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List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ACPR	Associates for Community Population Research
AED	Academy for Educational Development
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CCMG	Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CS	Civil Surgeon
CSM	Community Supervisor/Mobilizer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspectors
FWA	Family Welfare Assistant
FWV	Family Welfare Visitors
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IYCF	Infant and Young Child Feeding
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
MWRA	Married Women of Reproductive Age
PHC	Primary Health Care
PNC	Postnatal Care
SBA	Skilled Birth Attendant
SMC	Social Marketing Company
SSFP	Smiling Sun Franchise Project
TBA	Traditional birth attendant
UPHCP	Urban Primary Health Care Project
WRA	White Ribbon Alliance

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A. Introduction

The key themes to summarize the third quarter of third year of operations for MaMoni – Integrated Safe Motherhood, Newborn Care and Family Planning Project would be consolidating gains, addressing key gaps and ensuring program quality. This associate award under MCHIP scaled down the intervention in Sylhet and accelerated the momentum of key MNH-FP interventions on the ground in Habiganj.

The impact of the reduced number of staffing in Sylhet is described in the startup activities section.

This report highlights the key activities between October 2011 and March 2012.

B. Key Activities

Startup/New Activities

Scale-down of Interventions in Sylhet

As planned, MaMoni phased out majority of community level staff and scaled down the program in Sylhet. Save the Children handed over the program operations to the partner NGOs, FIVDB and Shimantik. A project management unit, comprising of staff from both NGOs, is operating in Sylhet. Upazila level offices were closed, and remaining staffs were housed by local government office or health facility. Table 1 shows a comparison of the NGO staff strength before and after scale-down.

Table 1: MaMoni implementation staff pattern in Sylhet before and after Sep 30, 2011

Staff Category	Before	After	Remarks
Project Coordinator	2	2	1 for each partner NGO
District M&E Officer	2	1	Shared position for M&E, documentation
F&A Officer, support (district)	4	2	
IT officer (district)	1 (0.5+0.5)	1 (0.5+0.5)	2 positions at 50% LOE
Upazila Team Leader	7	7	
Field Support Officer	16	0	
CSM/CM	64	14	Renamed Field Facilitator
CHW	220	82	70 in charge of single FP units, others shared
Upazila Fin/Adm, Support	7	0	
Total	339	109 (112*)	

Case Study: Sustaining performance in Sylhet

Figure 1 illustrates three key MNH-FP indicators for Sylhet over January to June 2012 period. It is difficult to reach a definite conclusion on family planning because of seasonal variation.

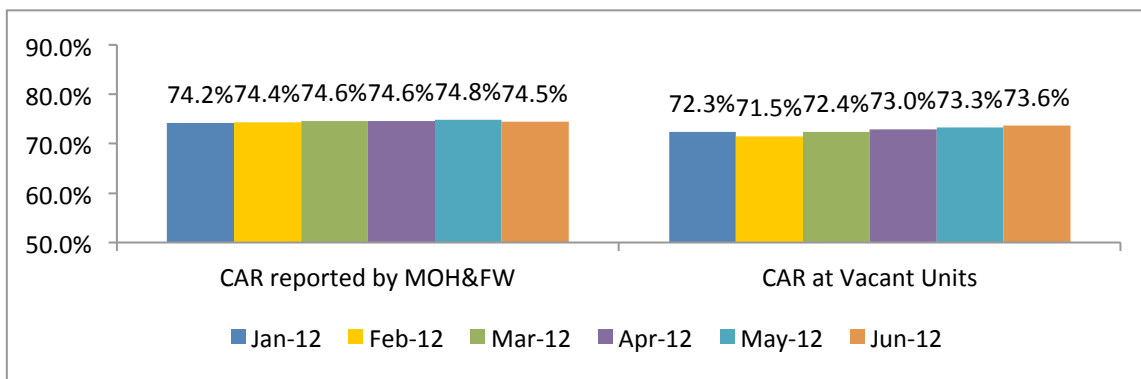


Figure 1a: Contraceptive Acceptance Rate (CAR) in all 7 upazilas of Sylhet

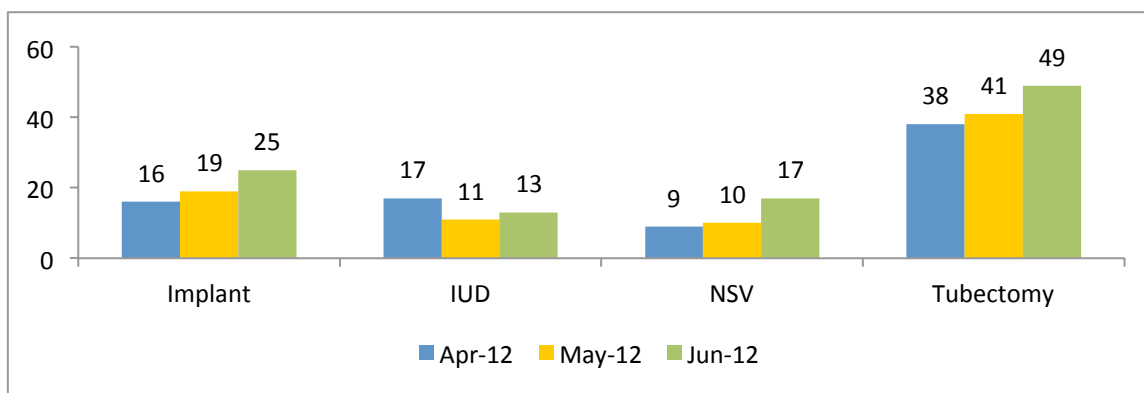


Figure 1b: LAMP referral in 5 upazilas (Fenchuganj and Jaintapur excluded) in Q3

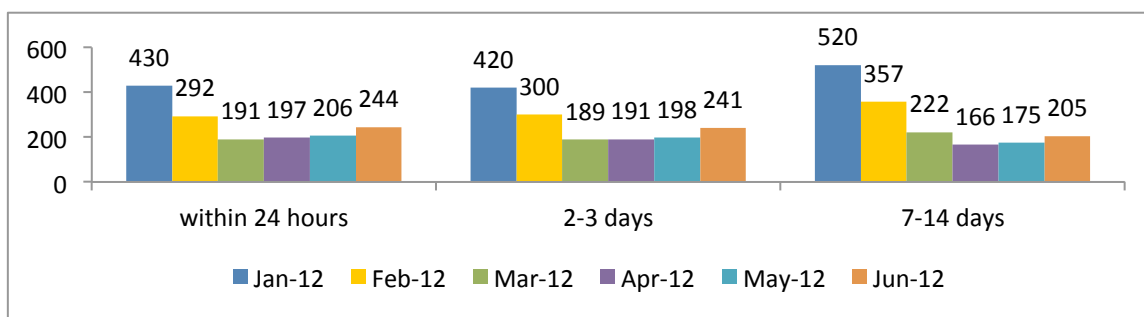


Figure 1c: PNC visits in vacant and underserved units in 5 upazilas (Fenchuganj and Jaintapur excluded)

Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home

MaMoni package delivered at household level by community based workers

In Habiganj, government workers, mainly FWAs and HAs, are delivering MaMoni package at household level.

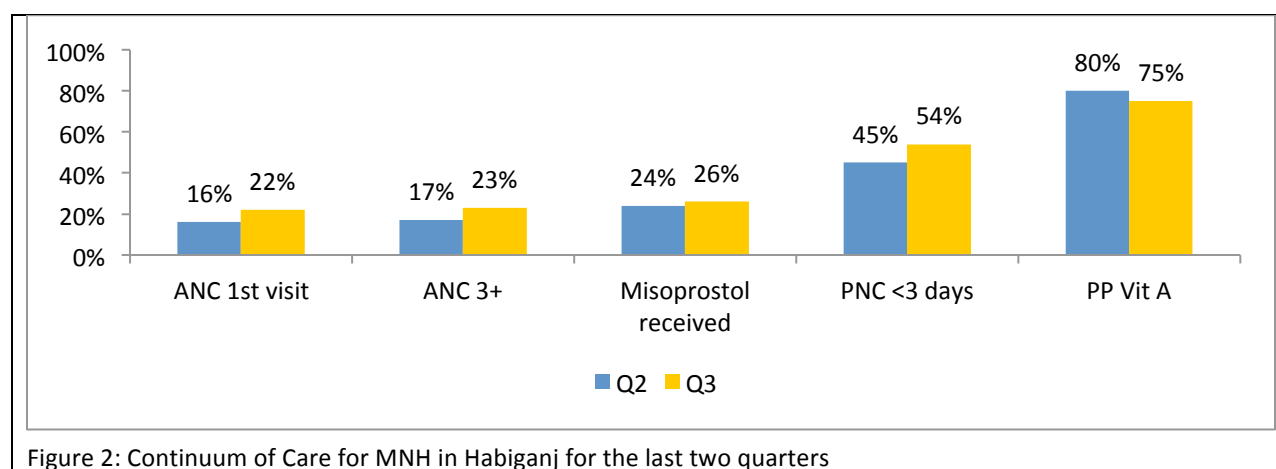


Figure 2: Continuum of Care for MNH in Habiganj for the last two quarters

Temporary workers provided to support vacant units in Habiganj

MaMoni is providing a number of temporary workers in key vacant units in Habiganj. MaMoni has received financial support from KOICA/Save the Children-Korea to provide 6 paramedics in Shibpasha and Kakailseo unions of Ajmiriganj upazila. Table 2 shows the breakdown of the temporary workers.

Table -4: Summary of Vacant Positions and MaMoni Support in Habiganj

	FWA vacant	HA vacant	MaMoni CHWs	FWV Vacant	MaMoni Paramedics	Additional Paramedics
Ajmiriganj	7	3	4	1	0	7**
Bahubal	9	0	3	2	1	0
Baniachong	14	21*	8	8	4	9**
Chunarughat	7	5	4	7	0	0
Lakhai	11	1	10	4	2	0
Madhabpur	14	4	7	8	1	0
Nabiganj	6	3	4	2	1	4**
Sadar	1	2	1	0	0	0
Total	69	39	41	32	9	20

*16 HAs have been recruited, but not deployed because of a pending lawsuit in Baniachong

Integration of Nutrition through collaboration with Alive & Thrive and FANTAIII

Alive & Thrive (A&T) project of FHI 360 supported MaMoni in introducing the Infant and Young Child Feeding package in Habiganj. MaMoni Module-2 training began in Jun 2012, and will incorporate IYCF components for all outreach providers, service providers and supervisors. IYCF will also be gradually incorporated within community micro-planning and community mobilization.

Figure 3: IYCF curriculum recommends family food for infants (6-23 months)

Objective 2: Increase appropriate and timely utilization of home and facility-based essential MNH and FP services

Improved Quality of MOH&FW facility based providers to deliver MaMoni package

MaMoni introduced diagnostic strips for detecting proteinuria and hemoglobin levels of mothers coming for ANC. These strips are meant to be used at UH&FWC and satellite clinics by FWVs, SACMOs and MAs to identify pre-eclampsia and anemia.

81% of all planned satellite clinics were held in this quarter, up from 74% in the previous quarter. Facilitation, advanced planning and follow-up was critical in ensuring these services.

Collaboration with OGSB & Mayer Hashi to identify and manage pre-eclampsia at community level

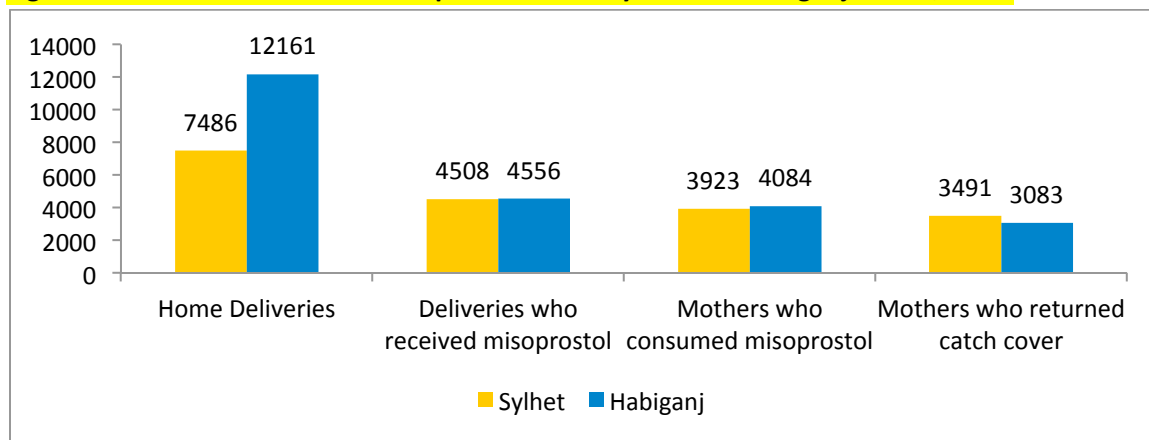
MaMoni, in partnership with *Mayer Hashi* project of EngenderHealth and OGSB has developed a protocol to identify and manage pre-eclampsia at community level. Under this partnership, 1000mg calcium will be provided to all pregnant women as a preventive measure and a loading dose of magnesium sulfate will be provided to mothers exhibiting symptoms of pre-eclampsia. MaMoni plans to roll out this intervention in Habiganj Sadar, Lakhai and Chunarughat upazilas from April 2012. A TOT was organized in May 2012 involving district and upazila level master trainers.

Misoprostol distribution in collaboration with VSI and EngenderHealth

MaMoni is distributing misoprostol in 7 upazilas of Sylhet and all 8 upazilas of Habiganj with technical support from EngenderHealth Mayer Hashi project. Venture Strategies Innovations (VSI), through local procurement arrangement has made misoprostol available for MaMoni for the duration of the project. The following figure shows the use of Misoprostol in MaMoni areas.

MaMoni switched to 400 microgram of misoprostol to align itself with new national recommendations, previous dosage was 600 microgram.

Figure-4: Home deliveries and misoprostol use in Sylhet and Habiganj for Q3, FY'12



Facilities strengthened to deliver MaMoni package

MaMoni closely worked with DGFP and DGHS to strengthen normal delivery at union and upazila level facilities and EmOC services at district level facilities. The following table summarizes the renovation work undertaken in the first six months of FY'12

Table 8: Summary of MaMoni's Facility Renovation work in Q3 FY'12

Facility	Upazila	Date	Activities	Funding
Ajmiriganj Upazila Health Complex	Ajmiriganj	Jun 2012, ongoing	Normal delivery services strengthened Female ward renovated Staff quarters renovated Waste management pits	KOICA/SC-Korea SBS
Habiganj Sadar Hospital	Sadar	June 2012	Gynecological and pediatric ward renovated	MaMoni

MaMoni introduced normal vaginal delivery in three hard-to-reach union level facilities from October 2011. The number of deliveries conducted is listed below:

Table 9: Normal Deliveries conducted at MaMoni renovated facilities

Facility	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Murakuri UH&FWC, Lakhai	4	12	14	25	12	23
Shibpasha UH&FWC, Ajmiriganj	6	22	20	19	22	20
Kakailseo UH&FWC, Ajmiriganj	3	9	13	8	17	11
Total	13	43	47	52	51	54

Private C-SBAs trained to increase skilled attendance at birth in Ajmiriganj

MaMoni, with funding support from Korean government and Save the Children-Korea, trained 14 women from the remote clusters of Ajmiriganj on 6 month C-SBA curriculum from September 2011 till March 2012. OGSB conducted the training and these CSBAs were certified by Bangladesh Nursing Council. These C-SBAs operate in 4 unions, covering 39 villages and 28,917 populations.

In the months of May and June 2012, these C-SBAs conducted 35 deliveries at home.

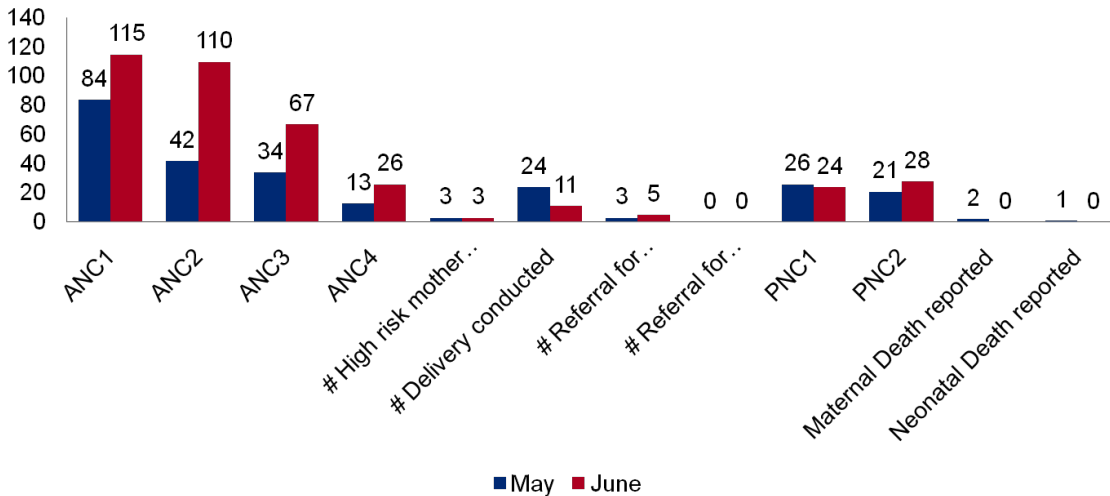


Figure 5: Performance of private CSBAs of Ajmiriganj

Objective 3: Increase acceptance of FP methods and advance understanding of FP as a preventive health intervention for mothers and newborns

FP incorporated into household and community mobilization activities

All FWAs, HAs and CHWs have been active in promotion of FP activities in Habiganj and Sylhet. This is the first time Health Assistants have been trained on FP and are expected to play a key role at the community clinic level for FP counseling and referral.

All MaMoni and MOH&FW service providers were provided orientation on USAID FP compliance policy.

MaMoni supported LAPM in Habiganj

Figure 7 showed LAPM performance in Habiganj from Jan-Jun 2012 period. LAPM performance dropped significantly in the month of June. MaMoni is investigating the cause of this performance drop.

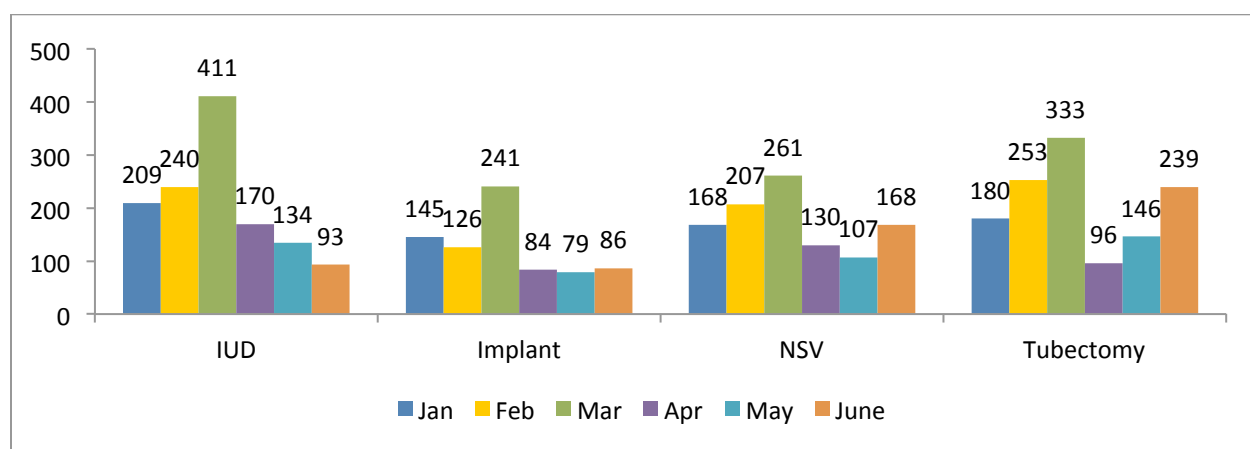


Figure 7: LAPM performance in Habiganj in last two quarters (January -June 2012)

Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy

Joint Supervision Visits to improve Service Delivery

MaMoni Master Trainers (upazila level supervisors) are expected to conduct one joint supervision visit per month. These visits included FWC, CC and satellite clinic quality check, PNC of mothers and newborns, training and other activities. As figure 8 shows, the number of routine JSVs remained more or less the same in Habiganj.

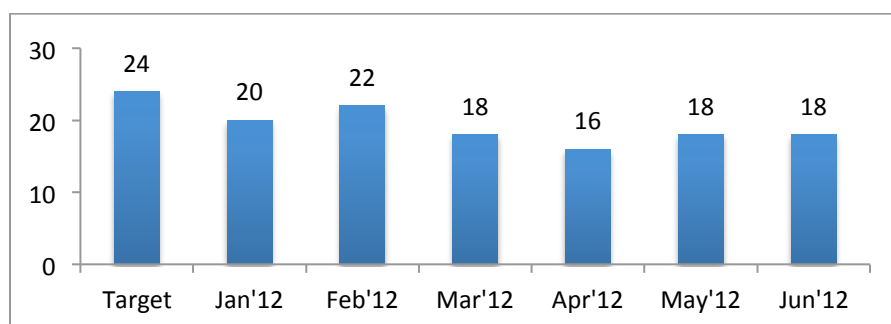


Figure 8: Trend of Joint Supervision Visits (JSVs) in Habiganj

Community Micro planning meetings held to increase service coverage

MaMoni is organizing community micro planning at the ward/unit level where the CHW, FWA and HA jointly develop action plan to ensure universal coverage at the unit level. MaMoni volunteers from selected villages also attend the meetings and share their village level information. 93% of community micro-planning meetings were held in this quarter.

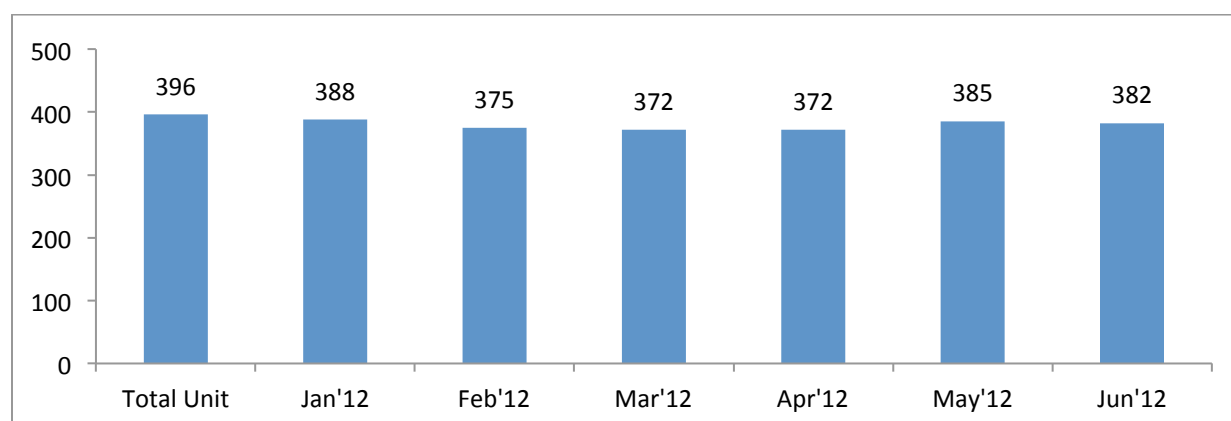


Figure 9: Trend of Micro Planning Meetings in last two quarters in Habiganj

Objective 5: Mobilize community action, support and demand for the practice of healthy MNH behaviors

Community Volunteers given responsibilities of community mobilization

MaMoni project's community mobilization strategy relies on using Community Volunteers (CVs) to organize the CM activities.

As of June 30, 1,710 Community Action Groups (CAGs) have been formed in 1,647 villages in Habiganj, covering 70% of the villages, 96% of project target. More than 82,000 community members participate in these groups, about 50% of who are female.

The following figure summarizes the Community Action Group activities in Habiganj in March 2012

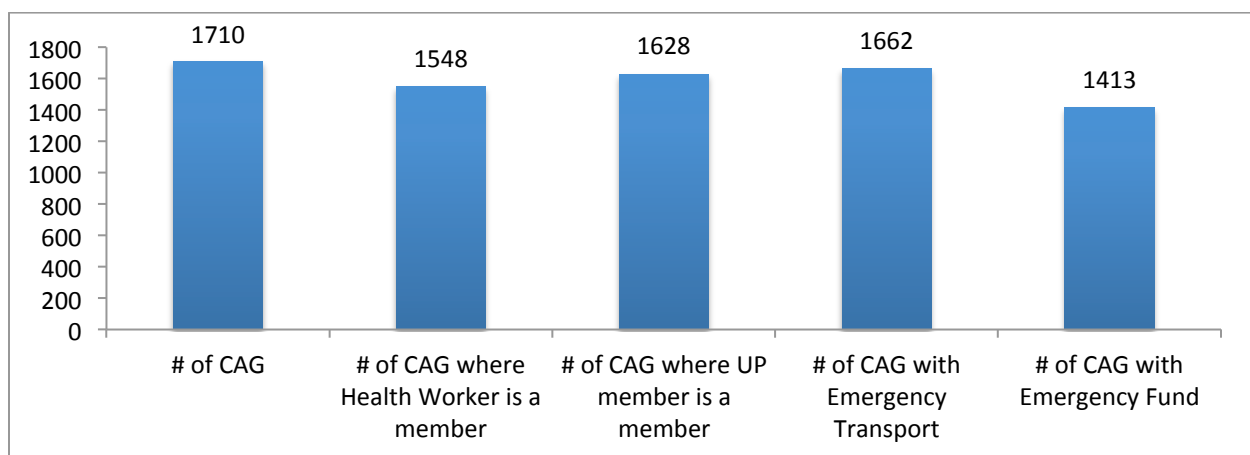


Figure 20: A snapshot of Community Mobilization in Habiganj in June 2012

Local government engaged in CM activities

MaMoni supported union health and FP standing committees. The committee meets every two months and allocated budget for MNH-FP activities. Examples of UP contribution include BP/stetho machines to health workers.

13% of union parishads met in the last quarter, 72% allocated budget for MNH-FP issues.

Objective 6: Increase key stakeholder leadership, commitment and action for these MNH approaches

Observed World Health Day (Apr 07) and National Safe Motherhood day (May 25)

MaMoni supported Habiganj district officials to observe two national events, World Health Day (April 07) and National Safe Motherhood Day (May 28). Mothers, community action groups are engaged to highlight issues of MNH-FP into these programs.



Rally in Ajmiriganj on World Health Day



Rally in Chunarughat on Safe Motherhood Day

Overall Challenges

Turnover at MOH&FW at various levels

Several key staff, who guided MaMoni intervention design and advocacy planning has left the government positions. Some key turnovers in this quarter include:

- **Director General of Family Planning**, transferred
- **Upazila Family Planning Officer, Habiganj Sadar**, changed

Annex 1. Operational Plan Indicators (October 2011-Jun 2012)

SI	Indicator	FY12 Target	Achievements (Cumulative)
A	Operational Plan Indicator		
A1	MCH		
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	31,253	26,889 (86%)
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	28,063	40,934 (146%)
3	Number of people trained in maternal/newborn health through USG-assisted programs	2,013	3,072 (153%)
	Women	1,449	3,017
	Men	564	55
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	12,025	15,621(130%)
5	Number of newborns receiving essential newborn care through USG-supported programs	22,213	18,187 (82%)
6	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	94,850	90,153 (95%)
A2	FPRH		
1	Couple years of protection (CYP) in USG-supported programs	210,763	244,948 (116%)
2	Number of people trained in FP/RH with USG funds	2,013	3,072 (153%)
	Women	1,449	3,017
	Men	564	55
3	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,154,413	1,370,260 (119%)
	Women	1,108,986	1,297,859
	Men	45,427	72,401
4	Number of USG-assisted service delivery points providing FP counseling or services	651	650 (100%)
A3	Nutrition		
1	Number of people trained in child health and nutrition through USG-supported health area programs	5,013	54 (1%)
	Women	2,949	14
	Men	2,064	40
2	Number of children reached by USG-supported nutrition programs	29,542	2,262 (8%)
B	Custom Indicators		
1	Number of ELCOs in MaMoni intervention areas		581,932

SI	Indicator	FY12 Target	Achievements (Cumulative)
2	Number of pregnant women identified and registered in MaMoni intervention areas		86,905
3	Percent distribution of births by place of delivery		
	Home delivery		81%
	Facility delivery		19%
4	Percent distribution of non institutional live births by person providing assistance during childbirth		
	Delivery by trained provider		25%
	Delivery by untrained provider		75%
5	Number of pregnant women of 3 rd trimester received misoprostol		33,374
6	Percentage of villages in MaMoni intervention areas that have a Community Action Group (CAG)		78%
7	Number of Community Action Groups (CAGs) in MaMoni intervention areas		4,634
8	Percentage of Community Action Groups (CAG) that have representation from the nearest health facility		94%
9	Percentage of Community Action Groups (CAG) with an emergency transport system		97%
10	Percentage of Community Action Groups (CAG) with an emergency financing system		82%
11	Percentage of Community Action Groups (CAG) that met at least once in the last month		64%
12	Number of functional units where <i>Community MicroPlanning</i> meetings were held	7,872	4,974 (63%)
13	Number of Joint Supervisory Visits (JSV) conducted	540	238 (44%)
14	Number of Union Parishad Education, Health & FP Standing Committee bi-monthly meetings held	798	507 (64%)

Annex 2. Visitors to the project between April-Jun 2012

Visitor	Organization	Dates	Purpose
M M Neaz Uddin	DGFP	April 10	Director General of DGFP attended a district planning meeting on Community based prevention and management of pre-eclampsia
Md. Sharif	DGFP		Director, MCH attended the meeting
Md. Kutubuddin	DGFP		Director, Sylhet Division attended the meeting
Latifa Shamsuddin	OGSB		President of OGSB participated in the meeting. OGSB is providing technical guideline for administering injectable magnesium sulfate at the outreach
Saikhul Islam Helal	EngenderHealth		

Annex 4: Publications produced by MaMoni (April-June 2012)

Document Title	Produced by	Language	Remarks
MaMoni Supportive Supervision Trainer's Manual	PHD/Save the Children	Bangla	